

**IN THE UNITED STATES DISTRICT COURT  
OF THE SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION**

**ARMSTRONG JACOB KNIGHT, #100175**

**PLAINTIFF**

**vs.**

**CIVIL ACTION NO. 1:05cv186LG-JMR**

**SHERIFF GEORGE PAYNE, JR., et al**

**DEFENDANTS**

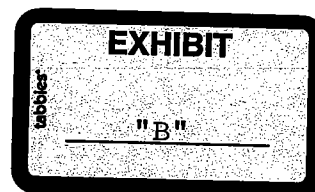
**STATE OF MISSISSIPPI**

**COUNTY OF HARRISON**

**AFFIDAVIT OF PHIL TAYLOR**  
**HARRISON COUNTY SHERIFF'S OFFICE**

PERSONALLY CAME AND APPEARED BEFORE ME the undersigned authority in and for the County and State aforesaid, the within named, Phil Taylor, who, after first being duly sworn by me on his oath, did depose and state the following:

1. My name is Phil Taylor, and I am over the age of twenty-one (21) years. I am a Captain with the Harrison County Sheriff's Office, and as a Captain of the Sheriff's Office I have personal knowledge of the matters and facts contained in this Affidavit and I am competent to testify to the matters stated herein.
2. As a Captain at the Harrison County Sheriff's Office, I have first hand knowledge of the policies and procedures that are in place at the Harrison County Sheriff's Office. At no time during the incarceration of Plaintiff, Armstrong Jacob Knight, for the period of July 22, 2002 through December 30, 2003, was I aware of unacceptable conditions or conditions being anything other than what would be considered normal conditions at



the Harrison County Adult Detention Center. The Harrison County Adult Detention Center itself is continually repaired and maintained as often as funding will permit.

3. I never received information or otherwise became aware that Knight had a serious need which was not being addressed by the staff of the Harrison County Adult Detention Center, or that he was in any way exposed to a substantial risk of serious damage to his health. To the best of my knowledge and belief, at all times relevant hereto medical treatment was provided in accordance to the *Harrison County Adult Detention Center Policies and Procedures Directives*. See attached **Exhibit "1"**.
4. To the best of my knowledge and belief, all Inmate Grievances made at the Harrison County Adult Detention Center are handled in accordance to the *Policies and Procedures Directives*. I have attached hereto as **Exhibit "2"** a copy of the Inmate Grievance policy.

I certify the above declaration is true and correct under penalty of perjury.

/s/Deputy Phil Taylor  
Affiant/Deputy Phil Taylor  
Harrison County Adult Detention Center

Sworn to and subscribed before me on this the 1st day of March, 2006.

/s/Stacy Schultz  
Notary Public

My Commission Expires: 01/28/09

(SEAL)